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Fill in	this inform	ation to identify your cas	se:	MATERIAL PROPERTY.							
Debt	or 1	Taylor K Repi	ine			-					
Debt (Spou	tor 2 se, if filing)					-					
Unite	ed States Ba	ankruptcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA		-					
Case (If kno	e number	22-10631		e e			Check if this is: An amended A suppleme 13 income a	nt sh	owing p	ostpetition wing date:	chapter
Of	ficial F	orm 106I					MM / DD/ Y		_		
Sc	hedul	e I: Your Inco	ome								12/15
supp	olying corre use. If you a ch a separa	ect information. If you a	are married and not filing	ple are filing together (D ng jointly, and your spou th you, do not include ir onal pages, write your n	form	atio	ng with you, ment	use.	If more	space is	needed,
1.	Fill in you information	r employment on.		Debtor 1			Debtor 2	or r	on-filin	g spouse	
	If you have	e more than one job, eparate page with n about additional nt-time, seasonal, or	Employment status	■ Employed			☐ Emplo	oyed			
	information employers			☐ Not employed			☐ Not e	mplo	yed		
			Occupation	Logistics				-			
	self-emplo		Employer's name	Accelerated Courie	r, In	c.		_			
		n may include student aker, if it applies.	Employer's address	15 Airport Center Drive Nashville, TN 37217							
			How long employed t	here? 3.6 yrs.			-				
Par	t 2:	Give Details About Mon	nthly Income								
spou	use unless y	ou are separated.		you have nothing to repo							
If yo	u or your no e space, att	on-filing spouse have mo ach a separate sheet to	ore than one employer, co this form.	ombine the information fo	all e	mplo	yers for that perso	on on	the line	s below. If	you need
							For Debtor 1		or Debte on-filing	or 2 or 3 spouse	
2.	List mon deduction	thly gross wages, sala s). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2.	\$	5,025.00	. \$		N/A	_
3.	Estimate	and list monthly overt	ime pay.		3.	+\$	0.00		\$	N/A	_
4.	Calculate	gross Income. Add lin	ne 2 + line 3.		4.	\$	5,025.00		\$	N/A	

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Debt	or 1 _	Taylor	K Repine	-	Cas	e number (if known)	_22-	10631		
	Copy	y line 4	here	4.	F (5,025.00		or Debtor 2 on-filing spo		
5.	List	all pavi	roll deductions:		ř.	3,020.00	-			
	5a. 5b. 5c. 5d. 5e.	Tax, I Mand Volun Requ Insur	Medicare, and Social Security deductions atory contributions for retirement plans stary contributions for retirement plans ired repayments of retirement fund loans ance	5a. 5b. 5c. 5d. 5e.	\$ \$ \$	895.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$		N/A N/A N/A N/A	
	5f. 5g. 5h.	Unior	estic support obligations n dues deductions. Specify:	5f. 5g.	04.14	0.00	\$		N/A N/A	
6.		V. CHIN	roll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— ^{5h.} 6.	+ \$ \$	0.00 895.00	+ \$_		N/A N/A	
7.	Calc	ulate to	otal monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,130.00	\$		N/A	
8.	List a	Net in profe Attach receip	er income regularly received: loome from rental property and from operating a business, ssion, or farm la a statement for each property and business showing gross lots, ordinary and necessary business expenses, and the total							
	01	W. 1908	nly net income.	8a.	772	0.00	\$_		N/A	
	8b. 8c.	Famil regula Includ	est and dividends y support payments that you, a non-filing spouse, or a dependent arly receive le alimony, spousal support, child support, maintenance, divorce ment, and property settlement.		\$	0.00	\$_		N/A	
	8d.	55 107	ployment compensation	8c. 8d.		0.00	\$_ \$		N/A	
	8e.		I Security	8e.	1	0.00	\$		N/A N/A	
	8f.	Other Includ that y	government assistance that you regularly receive e cash assistance and the value (if known) of any non-cash assistance or receive, such as food stamps (benefits under the Supplemental on Assistance Program) or housing subsidies.		\$	0.00	\$ \$			
	8g.	and the second	on or retirement income	- 8g.		0.00	\$_		N/A N/A	
	8h.		monthly income. Specify: rents from roommates	8h.	200		+ \$ _		N/A	
9.	Add	all othe	er income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,000.00	\$_		N/A	
10.			nonthly income. Add line 7 + line 9. ies in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u> </u>	5,130.00 + \$		N/A =	\$	5,130.00
11.	Includ	de cont r friends ot inclu	ner regular contributions to the expenses that you list in Schedule ributions from an unmarried partner, members of your household, your sor relatives. de any amounts already included in lines 2-10 or amounts that are not	depe						0.00
12.	Add Write applie	that ar	ount in the last column of line 10 to the amount in line 11. The res nount on the Summary of Schedules and Statistical Summary of Certai	sult is t in Liab	he co	ombined monthly is and Related <i>Data</i>	ncom a, if it	12.	\$	5,130.00
13.	Do y	ou exp No.	ect an increase or decrease within the year after you file this form	?						iea income
		SO-Emerano.	Explain:							
		W.C.	7.00 CONTROL OF THE PARTY OF TH		-					